



GRE Manufacturing Cdn. Inc.

CREDIT APPLICATION

Company Name:				
Mailing Address:				
City:	Province:	Postal Code:		
Shipping Address:				
City:	Province:	Postal Code:		
Telephone Number:		Fax Number:		
E-Mail Address:		Web Site Address:		
P.S.T. Number:				
Check Applicable Type of Business:	Corporation	Ltd. Partnership	Partnership	Proprietorship
Years In Business:				
What is the Nature/Type of Your Business:				
Owner:				
Manager:				
A/P Contact:	A/P Phone/Fax Number:		A/P E-mail Address:	
Purchasing Dept. Contact:				
Credit Limit Requesting:		Do you require a monthly statement?		
Signature of Authorized Signing Officer:				

TRADE REFERENCES

Company Name:		
City:	Province/State:	Postal/Zip Code:
Phone Number:	Fax Number:	
Company Name:		
City:	Province/State:	Postal/Zip Code:
Phone Number:	Fax Number:	
Company Name:		
City:	Province/State:	Postal/Zip Code:
Phone Number:	Fax Number:	

For Office Use Only	

Please send all correspondence to:
 GRE Manufacturing Cdn. Inc.
 P.O. Box 18524 Delta, B.C., V4K 4V7



GRE Manufacturing Cdn. Inc.

CREDIT APPLICATION Continued

CREDIT REFERENCES

Bank:	Phone Number:
Branch:	Account Number:

TERMS AND CONDITIONS

I / We make application for open terms and certify that the information given for the purpose of opening an account is true.
I / We authorize Cascade Raider Holdings Ltd. to contact Equifax and/or the references given and to verify the above facts.
Cascade Raider-Hansen Holdings Ltd. Credit Terms are Net 30 Days.
I / We accept the vendor's privilege to charge interest on all overdue accounts at a rate of 2.5% interest per month.
Authorizing Signature:
Name of Proprietor or Officers if Different Than Above:
**Person To Contact:
**Thank you and we will advise your contact person as soon as your account has been opened.

For Office Use Only

Account:	Account Type:	Sales Person Number:
Terms Code:	Ship to Code:	Warehouse:
Credit Limit:	Credit Approval:	Sales Person:
Date:	Date Entered:	Territory:

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